			THE DIVISION OF HE	ALTH OF MISSOURI	r.						
lo.300 0-48	HIED JUI	L 1 - 1955	STANDARD CERTIF		State File No	18576					
0.46						2496					
	BIRTH NO.		_ REG. DIST. NO	PRIMARY REG. DIST. NO							
1	1. PLACE OF DEA	•	, · ·	II a STATE & A '	(Where deceased lived. If ins	adminion)					
•		CKSON	, 	17/43300	URI	9CKSON_					
	b. CITY (If outside co.	rporate limite, write R	tURAL and give c. LENGTH OF STAY (in this place)	c. CITY	a city	sidence within limits of or incorporated town?					
A	TOWN / AN	SAS /1	TY 324RS	TOWN MYNSAS	// Ye	No. 2/ 0					
)R.	HOSPITAL OR	(Il not in hospital or in	, , , , , , , , , , , , , , , , , , , ,	STREET (If real	ral, give location)	3140					
RECORD	INSTITUTION	1206 W	MOLANO #3	1206 WOODLAND APT. 30							
RE	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)					
	(Type or Print)	Josa	1114	CHUNN	DEATH 6 -	6-1955					
PERMANENT	5. SEX 2. 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (8pecify)	8, DATE OF BIRTH	9. AGE (In years) IF UNDER						
Z	MALE, 1	VEG RU	WIDOWED, DIVORCED (8 pecify)	JULY 6,189.	last birthday) Months	Days Hours Min.					
Į.	10a. USUAL OCCUPATIO	ON (Give kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (City and S	State or Foreign Country)	12. CITIZEN OF WHAT					
ER	done during most of working	ing life, even if retired)	PACKING HOUSE	R. DM. MALLA	tate or foreign country,	COUNTRY?					
	13a. FATHER'S NAME			NAME 14. N	HAME OF HUSBAND OR WIF	4.1.17					
⋖	PIAIRA	ON Pur	IN TILLIA FL	EminIC CM	DOIL PLI	1.1.1					
<u> </u>	15. WAS DECEASED EVE	D IN II S ARMED I	FORCES? (16. SOCIAL SECURITY	17. INFORMANT'S SIG	NATURE OR NAME	ADDRESS.					
-МАКЕ		f yee, give war or dates o	NO.			ADDRESS //. e					
7	7ES		5/0-05-43/9	MARIE CHUMA	1 1206 WOOD	LAHD, IMD					
INE	18. CAUSE OF DEATH Enter only one cause per	I. DISEASE OR CO	ONDITION	THE DE	7	INTERVAL BETWEEN					
Page 1						4 -					
	line for (a), (b), and (c)	DIRECTLY LEAD	ONDITION ING TO DEATH*(a)	nuclas A	egugua						
1		ANTECEDENT CA	AUSES	mercy A	of the same						
1	*This does not mean the mode of dying, such	ANTECEDENT CA Morbid conditions	AUSES s. if any, giving DUE TO (b)	merry A	J	1					
1	*This does not mean the mode of dying, such as heart fallure, asthenia,	ANTECEDENT CA	AUSES s, if any, giving DUE TO (b) ause (a) stating	mercoj x							
BLACK	line for (a), (b), and (c) *This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica-	ANTECEDENT CA Morbid conditions rise to the above ca the underlying cau	AUSES s, if any, giving DUE TO (b) ouse (a) stating use last. DUE TO (c)	merry A							
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BLACK	line for (a), (b), and (c) *This does not mean the mode of dying, such as heart fallure, asthenia, etc. It means the dis- case, injury, or complica-	ANTECEDENT CA Morbid conditions rise to the above ca the underlying cau. II. OTHER SIGNIF Conditions contribute	AUSES s, if any, giving DUE TO (b) ouse (a) stating use last. DUE TO (c)	merry A		4101					
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STATEMENT BY LICENSED EMBALMER

	I hereby certify	y that the	body	whose	name	is	recorded	on the	e revers	side	of	this	certifica	ite w	as e	emb
by me	e, or by	• • • • • • • • • • • • • • • • • • • •				. .			• • • • • • • • • • • • • • • • • • • •	, St	ude	nt Ei	mbalmer	No.		

working under my personal supervision..

Signed Manhone

Licensed Embalmer No

P. O. Address 2503 7

to comply with the above MUST BE SIGNED BY THE LACENSED EMBALMER in his OWN HANDWRITING. (Fa

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.